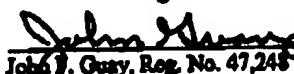


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|---|------------------|--|--|------------------|---|----------|--|----------|--|----------|--|----------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |                  | Docket Number (Optional)<br>D/A 0941 (1508/3320) |  |                  |   |          |  |          |  |          |  |          |
| <p><b>CERTIFICATE OF MAILING OR TRANSMISSION</b><br/>[37 CFR 1.10(j)]</p> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or transmited by facsimile on May 8, 2006, to the United States Patent and Trademark Office at 571-273-6000.</p> <p>Signature: _____<br/>Name: Lynette E. Jones</p> <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td>\$ <u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$310/\$1,020.00)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1,590)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,080/\$2,160)</td> <td>\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. <u>05/09/2006 TL0111 00000039 240037 09939937</u></p> <p><input type="checkbox"/> A check to cover the fee is enclosed. <u>02 FC:1251 120.00 00</u></p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</li> <li><input type="checkbox"/> attorney or agent of record.</li> <li><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34: <u>47,248</u>.</li> </ul> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>May 8, 2006</u><br/>Date</p> <p>Signature<br/><br/>John J. Guay, Reg. No. 47,248</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms submitted.</p> |                  |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ <u>120.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$310/\$1,020.00) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1,590) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,080/\$2,160) | \$ _____ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)  | \$ <u>120.00</u> |  |  |                  |   |          |  |          |  |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)   | \$ _____         |  |  |                  |   |          |  |          |  |          |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$310/\$1,020.00)  | \$ _____         |  |  |                  |   |          |  |          |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1,590)  | \$ _____         |  |  |                  |   |          |  |          |  |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1,080/\$2,160)  | \$ _____         |  |  |                  |   |          |  |          |  |          |  |          |

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